			Campany N	Name				
			CHECKLIST FO	OR PCC				
Project:		XYZ						
Client		ABC						
Report No.								
Location of				Date of Inspection Ref.Drawing No.				
work				The state of the s				
	DO TIME	: from to						
WOIK GC	one TIME : from to		CHECK POINTS					
			CHECK FOINIS					
S/N	DESCRIP1	TION						
			Satisfactory	Not Satisfactory	N.A	REMARKS		
1	P.C.C. Inv	vert Level						
2	Formwork System							
3		struction/Expansion Joint Location						
4		ss/Dressing						
5		ighting Arrangement at night						
6		Rain Protection						
7		oncrete Pouring Sequence						
8	Concreting Manpower Availability							
9		Equipment In Working Condition						
10	Concrete Ordered In Advance (For RMC)							
11		o Concreting Site Proper						
12	Slump co	ne available						
13		Concrete (N/mm²)						
14	Slump Re							
15	Others (P	ls Specify)						
Contractor ENGINEER			CLIENT ENGINEER					
Name			Name					
Sign			Sign					
Date			Date					